

Action for Children

North Somerset Short Breaks

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 23 March 2018 and was announced. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This service provides care and support to two people living in one 'supported living' setting, so that they can live in their own home as independently as possible and two people who live with their families in the community. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in January 2016, the service was rated Good. At this inspection, we found the service remained Good.

Risks were well managed. People were encouraged to be independent and to take everyday risks. Risk assessments were in place to cover various aspects of people's daily lives, which included guidance for staff on how to manage identified risks.

Relatives told us they were extremely happy with the service provided.

Sufficient experienced staff were deployed to ensure people's needs were met.

People were supported by staff that were trained to carry out their roles effectively. Staff received mandatory training as well as training, which was tailored to the needs of those they supported.

An effective recruitment and selection process was in place. All staff received an induction and an on-going programme of supervision and appraisal. Staff felt very supported.

Staff were very knowledgeable about the people they supported, their likes and dislikes and interests.

Appropriate arrangements were in place for the safe administration and storage of medicines.

Systems were in place, and had been followed to reduce any risks of abuse and harm. Staff told us they would be confident to raise any concerns they had and they would be acted upon.

Accidents and incidents, although very few, were accurately recorded and reported and any lessons learned were shared with staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's rights were protected by staff who understood the Mental Capacity Act 2005 and how this applied to their role.

Relatives and people were involved in the planning of their care. Information was provided in easy read format to assist people in understanding the care available to them.

The provider had an effective complaints procedure in place and relatives were aware of how to make a complaint.

People were supported in maintaining a healthy and balanced diet. People were involved as much as they were able in the choice and preparation of meals.

People were supported to maintain good health and had access to health and social external professionals.

Activities were developed around people's interests. People were supported to maintain relationships and access the local community.

Staff felt supported by colleagues, they said they felt valued by the registered manager and higher management and morale was high.

The provider understood the importance of monitoring the quality of the service and reviewing systems to identify any lessons learnt.

The service consulted with people, relatives and staff to capture their views about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained good.	Good ●
Is the service effective? The service remained good.	Good ●
Is the service caring? The service remained good.	Good ●
Is the service responsive? The service remained good.	Good ●
Is the service well-led? The service remained good.	Good ●

North Somerset Short Breaks

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 March 2018 and was announced. The provider was given 48 hours' notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events, which the service is required to send us by law. We also obtained the views of service commissioners from the local council who also monitor the service provided by the agency.

We were unable to visit one person due to their complex needs. On the day of the inspection, we spoke with four relatives, four members of staff, the office manager and the registered manager. People were unable to tell us of their experience of receiving care. We observed interactions between people and staff in communal areas. We looked at documentation relating to three people, six staff recruitment and training records and records relating to the management of the service.

Is the service safe?

Our findings

One staff member said, "They [people who used the service] do what they want and we facilitate it in a safe way." Another told us, "People are safe because we have good risk assessments and we all follow them."

Relatives said there was enough staff. One commented, "The staff keep [Name] safe because two staff support [Name] where ever they go and they know [Name] really well." Another relative told us, "I am really happy when [Name] goes out with staff as I know [Name] will be safe, as I don't just let [Name] go out with just anybody, I have to be confident."

Staff said there were enough staff on duty but some were working long hours to make sure people could access activities of their choice. Staff told us the registered manager was very flexible with their hours, in order to support them and the people they were supporting. Staff confirmed they voluntarily picked these hours up to cover annual leave, in order to provide consistency for the people. The registered manager confirmed that they had reduced agency staff use to zero. They told us that when they had used agency staff, it was the same person and that they had now recruited that person as bank staff.

The provider had a safeguarding policy in place and staff had a good understanding of safeguarding and whistleblowing [telling someone].

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location in which they had occurred, to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff.

The service clearly recognised the risks people might face in living their daily lives and receiving care. People had individual risk logs with control measures in place to reduce the risks. Each risk had an additional support and risk management plan. These were regularly reviewed which meant staff had current accurate information on how to keep people safe.

The provider maintained an effective recruitment process ensuring new staff had been appropriately checked and had the right skills to support people. This included undertaking Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults.

The provider had a business continuity plan in place to ensure people would continue to receive care following an emergency.

The provider had systems and processes in place for the safe management of medicines. People were supported to access their medicines when they needed them. Medicines were stored securely and safely at people's homes. We looked at a selection of Medicine Administration Records (MARs), and we saw that not all entries were dual signed by staff in line with the provider's policy. We spoke with the registered manager about this and they explained that on those occasions the other member of staff on duty was busy

supporting the other person living in the home, the registered manager suggested that from now the staff would make a note in the daily notes to explain why there was only one signature instead of two.

Small improvements were needed to the records for medicines given only when required. We recommended that actions were needed to make sure records were clearer.

The service had infection control policies and procedures in place. All staff had completed infection control training and safe usage of hazardous substances both at induction and as part of their on-going training.

Staff told us that they had access to personal protective equipment provided such as hand gels, disposable gloves and aprons and used them when delivering personal care.

Is the service effective?

Our findings

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and were regularly reviewed and updated. The service worked well with other professionals involved in people's care to ensure that their individual needs were consistently met; using the Registering the Right Support and other best practice guidance.

This was also confirmed by relatives we spoke with. One relative commented, "They [Staff] know what they are doing. I don't have to tell them. They are excellent at supporting [Name]." Another said, "Staff are well trained. I like them all and [Name] is safe with them." And, "I think all of the staff are marvellous. Very competent, well trained and caring."

Staff told us they were provided with the training that they needed to meet people's needs. This included a comprehensive induction, which consisted of the provider's mandatory training such as moving and handling, medicines, and safeguarding. This was updated regularly. In addition, training was provided in intimate personal care, epilepsy, positive behaviour support and communication. One staff said, "Really thorough training. Covers everything you need to do your job well." Another told us, "The training is really good and gave me the skills I needed but also the confidence, as when I started I didn't feel confident at all. I was supported to do more shadow and support shifts before I felt able to work on my own. We have lots of training and refresher courses." The registered manager explained how they were able to access person specific training and also support staff with their own learning needs outside of work, for example one staff member had completed a degree and another was in their final year of nursing training.

Staff told us and records showed that new employees completed training and shadowed shifts where they worked with more experienced colleagues as part of their induction. The registered manager explained how staff were encouraged with their career progression. This included being put forward to obtain their care certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses or qualifications.

Staff confirmed that they were encouraged to professionally develop through ongoing learning and training opportunities and were provided with regular one to one supervision meetings. One staff described their positive experience saying, "I have regular supervision with my team leader. We talk about how I'm getting on, any problems, what training or support I need. I can talk to them about anything. I feel very supported. We have competency checks so you know how you are doing, plus the registered manager has an open door policy so I don't have to wait until supervision time to discuss issues that arise."

Records showed that in these meetings, support workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided staff with the guidance that they needed to meet people's needs effectively and to identify any further training.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One staff said, "We support [Name] to do their shopping and cooking." Where staff identified concerns, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, they contacted relevant health professionals for treatment and guidance. Where guidance had been provided relating to people's dietary needs, staff recorded this in people's care records to guide staff in how risks were reduced.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as community nurses, physiotherapists and occupational therapists. There were also letters and information on people's files from other professionals and hospital visits people had attended. One staff described how they had supported one person to attend healthcare appointments. A relative told us the staff were, "On the ball with all the health appointments [Name] needs. Good communication, everything is written down and we get a phone call if there are any changes."

Care plans reflected where staff had noted concerns about people's health, such as weight loss or general deterioration in their health and the actions taken in accordance with people's ability to consent. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and well being.

People's rights were being upheld in line with the Mental Capacity Act 2005 (MCA). This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity.

Staff had received training in the (MCA and were able to explain how this is applied to their practice. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When assessments were required, they had been completed and were decision specific. We saw best interest meetings had been instigated with people, their relatives and professionals when a decision was required. We saw that in the assessments it was identified the most appropriate time to support people when making decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in DCA's is achieved through application to the court of protection. We found that the service had made all the necessary applications where they felt this was not in place already.

Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices, such as using pictorial indicators and being trained in understanding each person's non-verbal communication methods.

Is the service caring?

Our findings

Relatives said, "[Name] has such a happy life, they are content and the staff are absolutely spot on, I couldn't ask for more." Another relative said, "[Name] is well looked after, the staff are so caring."

The service had an easy read equality and diversity policy, which all staff adhered to, and staff had received training in this subject. All staff we spoke with explained how they embed this into their daily working lives. One staff said, "We treat everyone equally but care for them differently depending on their needs." Another said, "We provide individualised person centred focussed care to meet the needs and requirements of the person."

We saw evidence in care plans to show staff considered how people expressed themselves sexually.

One relative we spoke with said, "The staff treat [my relative] like the young adult they are. It is the way they [staff] are with them. They treat them properly. If anything was wrong I would know, They have been brilliant. There are no problems. I visit their house every week and I know [Name] is happy." Another relative said, "The best thing is how the staff treat [Name] they don't make them feel different from other people, even though they are, they make them feel they belong."

Staff we spoke with were interested in people's wellbeing and happiness. Staff were knowledgeable about people's likes and dislikes, interests and the people important to them. We saw all this information was documented in the person's care plan. One staff member said, "We know the people we care for really well, it is important to know what they like and more importantly what they don't like. One person we care for can show different behaviours when they are becoming unsettled, we know if we make a calm environment, such as take them upstairs to their bedroom or offer them an activity that we know they like, it usually helps calm the situation."

People and their relatives were included in the choice of what type of person they would like to support them and we were told and saw evidence that one person chose who they liked. For example, someone calm, friendly and trained in Makaton. Makaton is a language using signs and symbols to help people to communicate. We saw staff use this with people.

People were supported to be as independent as they wanted to be. Staff said, "It is important to each individual person to be as independent as possible and we support this." Another said, "We support people to live as independently as possible, we promote choice and try to support people to access facilities such as college and activities."

Staff told us how they promoted people's privacy and dignity and explained that they always knocked on their doors before entering their rooms. Staff said, "We, all staff, knock on people's doors and wait to be invited in." Another said, "We always give people personal space when required."

Regular reviews took place with the person, relatives and other professionals who were involved in the

person's life, reflecting on their achievements, goals and aspirations, and care plans and where changes were identified these were reflected in the person's care plans.

Is the service responsive?

Our findings

Every person had a care plan that was reviewed regularly and people, relatives and other professionals were involved in the review process. Care plans were person centred and contained a good level of information on people's personal history, care needs and preferences.

We saw there were detailed guidelines for staff on how people would like the support to be provided, using a "This Is Me" document. All staff we spoke with had a very good understanding of people's likes and dislikes and how to best meet people's complex needs. Any support provided to people was well documented in people's daily care notes, something that the registered manager had worked hard with staff to ensure the notes were pertinent and meaningful and staff at handover were well informed. These included information on people's physical and emotional wellbeing, activities they undertook during the day and any other matters related to their care. This meant that there was a written evidence trail of the support provided to people, which could be accessed and reviewed by people, their relatives, staff and other professionals if needed.

Staff supported people in following their interests and doing things they liked to do. We were told, staff actively encouraged people to do things they enjoyed and relatives confirmed this. For example, we were told by staff that one person enjoyed spending time with staff in their car and another like going to a local fun park and seaside to buy fish and chips. Staff told us, "We make sure people are not isolated from the outside world. They know what they like and they can do their own thing" and, "We also make sure that people aren't isolated in their own home."

The service had a complaints procedure in place and we saw that this was available. The registered manager said staff reminded people and their relatives about the formal complaint procedure and were happy to support people or their relatives if they were willing to use it. One relative told us, "I have never had to complain but I would be happy to do so, but I don't think I ever will." Another relative said, "I did have a little grumble but I spoke with [Name] and they explained I could make a formal complaint but I was happy that if I told [Name] my issue they would deal with it and they did."

The service met the Accessible Information Standards (2016), which is a legal framework under the Equality and Diversity Standard. This legislation focuses on the need to provide communication to a person that is within a format that they can understand. The service prepared documents in formats that were understood by the people receiving support. For example, we were told by all staff that pictorial information and large printed fonts were available for people.

Is the service well-led?

Our findings

The service had a consistent registered manager, who had worked with the staff team to strive towards achieving a good standard of delivery of care. They told us that they had recently accepted another post with the provider, however, a new manager had been appointed and plans had been agreed for an effective handover.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All staff gave us positive feedback about the registered manager and the office manager. One staff said, "She is very good... always wants us to achieve our best".

The registered manager spoke of how the service was, "For the people about the people." This meant that people had to be both confident that the service could deliver their care and staff were compliant with people's wishes. The registered manager told us that each person received care from a core staff team. No additional staff were asked to work with the person, unless they had been through an induction and the person and their family had agreed to have them involved in their care. This ensured consistency in practice and delivery.

One staff stated, "We have a team who work around [Name]. We all know how to work with [Name] and make sure that we are consistent in our approach." Another said, "I feel fortunate to work here. We are supported to provide the best support to people." One relative told us, "The care has been amazing", whilst another reported, "I cannot speak negatively - excellent."

We were told, and saw evidence of management on call systems that meant staff had access to senior staff or the registered manager at all times, should they need them. Systems were in place that meant if they could not get through to one, a second was available. One staff told us, "All I have to do is ask [Name] for support, and they will be with me as soon as they can." Another stated, "I have had so much support from the registered manager, they are my rock."

The team had daily meetings to hand over any information that may be pertinent. This was then fed back to the registered manager and other staff. Staff reported that they were kept up to date with any changes that were occurring within the service. Team meetings were held on a regular basis and we saw minutes that included changes in operational practice, information on changes in good practice as well as providing practical information. The management and staff team demonstrated commitment to ensuring equality and inclusion within the workforce, and reported the need for all staff to feel equal regardless of their faith, ethnicity, sexuality and disability.

Staff were supported with regular supervisions, and annual appraisals. We saw spot checks and

observations were completed in addition to this, to continually evaluate staff practice and seek methods of improvement.

The service sent out surveys periodically. We saw evidence of governance within the operations of the service. Records were seen of each audit.

Quality assurance audits were completed annually by the service in addition to the regular feedback retained from people and families. This information was then used to create an action plan.

The action plan was completed with evidence of how the feedback had helped to effectively change the service. Staff told us, "We can raise issues and know things will be changed or actioned", another said, "They will listen and where they think they are viable they will implement ideas/changes." This approach ensured staff felt a sense of ownership of the service.

We found there to be continued good management and leadership. The registered manager was supported by a senior manager, they told us that they worked well together and they valued their support and direction. The registered manager stated that they did not hesitate to ask for assistance to ensure the service was well led and strived to achieve a good standard of care delivery.